

THE HOME HOSPITAL

NEW YORK
ASSOCIATION FOR IMPROVING THE CONDITION
OF THE POOR

NEW YORK ASSOCIATION FOR IMPROVING THE CONDITION OF THE POOR

105 EAST TWENTY-SECOND STREET

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HOME HOSPITAL

Seventy-eighth Street and John Jay Park

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THE HOME HOSPITAL

An Experiment and Demonstration in the Home Treatment of Tuberculosis

March 1912—October 1916

NEW YORK
ASSOCIATION FOR IMPROVING THE CONDITION
OF THE POOR

105 East Twenty-Second Street
New York

FOREWORD

THE following pages attempt to give in picture form some idea of the work of the Home Hospital. Opened in March, 1912, doubled in size twice since that date, it now cares for nearly eighty families, including about 400 individuals, approximately two-thirds of whom are tuberculous.

The Home Hospital is an outgrowth of the social idea gaining ground in so many different ways that the home is, after all, the most natural and the most effective place to care for many classes of dependents for whom institutions were formerly the only alternative. It grew out of dissatisfaction with results obtained in dealing with family relief problems in which tuberculosis was a factor. It was a confession of relative failure—an earnest effort to do something constructive about the failure. It frankly raised the question whether in suitable cases tuberculosis cannot be successfully treated as a family problem without endangering the health of well members of the family, and it believes that its four and one-half years of experience warrant the conclusion that this is quite possible. It has at the same time demonstrated that results secured in the treatment of actual patients compare, group by group, very favorably with those secured by the best hospitals, sanatoria and preventoria.

The Home Hospital has shown that nearly one-third of the children in dependent families in which one or both parents have active tuberculosis are themselves already patients, and much more than another third are delicate and under-nourished and present some of the symptoms of tuberculosis in children. It would seem that it is around the continuous and effective treatment of these children that future progress in the control of tuberculosis centers. The intensive method of the Home Hospital offers, we believe, the greatest possibilities for dealing with this problem of successfully preventing a large crop of tuberculosis in the next generation.

BAILEY B. BURRITT, General Director.



THE HOME OF THE HOME HOSPITAL

The Home Hospital is nothing more wonderful than a sanitary home: good light, good air, good nourishment, rest where it is needed and careful medical supervision for families in which there is tuberculosis. It aims to put into daily practice the simple, well-known truths which experts for years have said must be adopted if tuberculosis is to be controlled. It is a hospital whose unit is the family instead of the patient. It is at once a hospital, a sanatorium and a preventorium arranged about a group of homes.



Small balconies, windows in three sections, and a large open roof offer maximum facilities for fresh air treatment.



There are no dark, noisome stairways in the Home Hospital.



Insanitary conditions, interior bedrooms and tuberculosis are frequent companions. Simplicity, cleanliness and good order become a part of daily home life at the Home Hospital.



Another typical breeding place for tuberculosis. Fresh air and sunshine are strangers in this home.

Home Hospital families. In both the wage earner is the active patient. All the children, when admitted, were either already infected or strongly predisposed to the disease.



Home Hospital families in
which both parents have tuber-
culosis.





Families in which the infection of the parent had been spread to most of the children prior to admission to the Home Hospital.



Tenement Home Kitchens.



Home Hospital
kitchen.



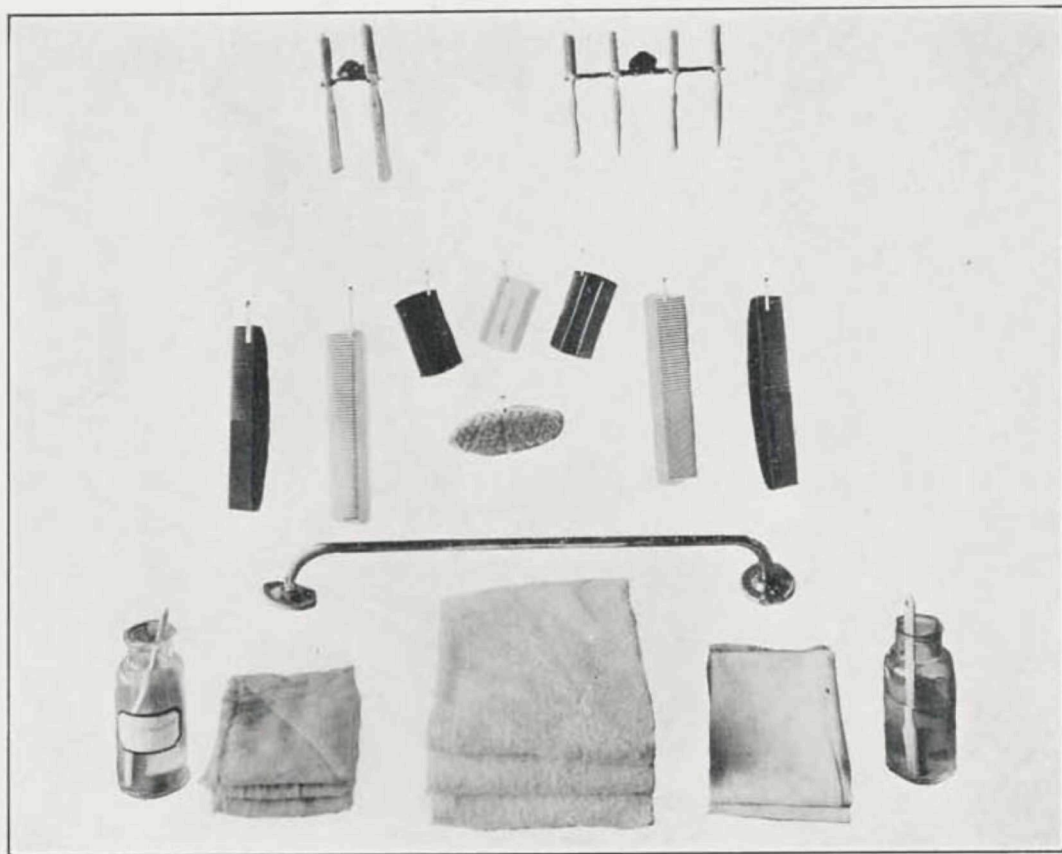
Bedroom in the Hospital. The window is so constructed that two-thirds of the air space is unobstructed.



Sleeping balcony adjoining patient's bedroom.



Another arrangement of open air balcony and bedroom combined.



Every effort is made to impress families in the Home Hospital with the importance of personal hygiene. Individual toilet articles for each member of the family are insisted upon. Patients' tooth brushes are immersed in a boric acid solution. The importance of regular baths and the morning sponge is emphasized.

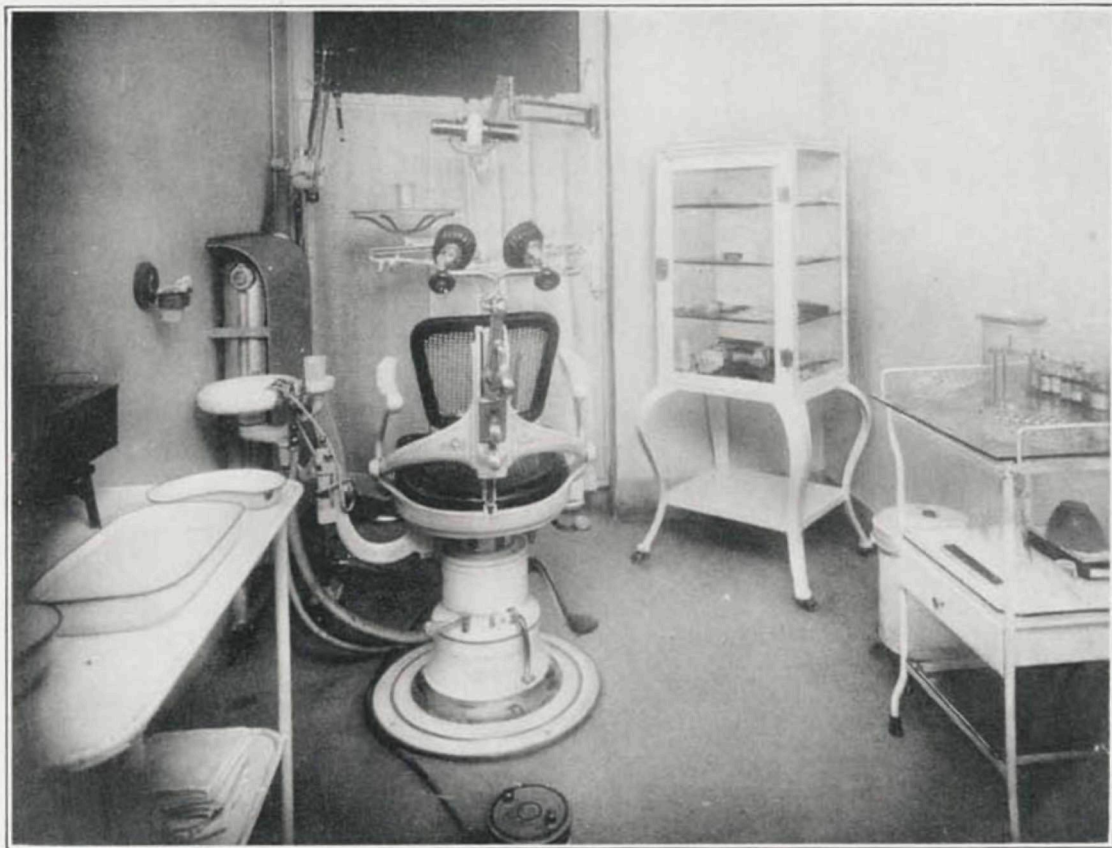


Taking the cure on the roof.

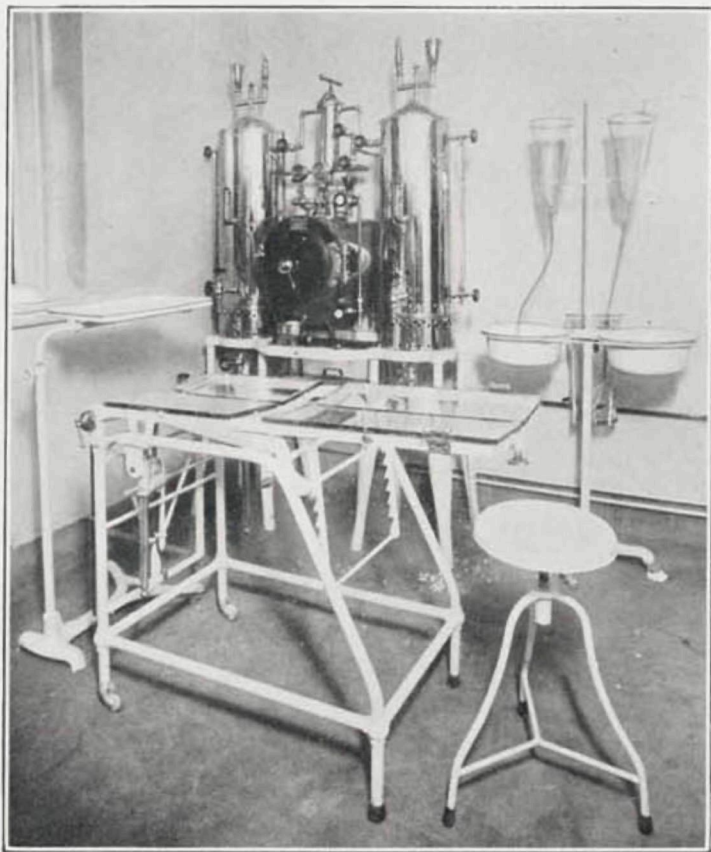




The usual hygiene-dietetic form of treatment is supplemented by the administration of artificial pneumothorax in selected cases.



One of the essential factors in the successful treatment of tuberculosis is good oral hygiene. Since the dental clinic of the Home Hospital was opened in the fall of 1914, 293 individuals have received some 3874 treatments.



Glimpse of the surgery, in which 455 operations for the removal of tonsils and adenoids alone have been performed.



During the past four and one-half years the diet kitchen has prepared and served 156,501 individual or 107,059 unit meals from a varied dietary at an average cost of from \$.10 to \$.135 per unit meal. Some of these meals are sent into the homes in which the mother is too ill to do her own cooking; others are served to certain types of adult and children patients for whom there are separate dining rooms adjoining the diet kitchen. A nurse is always present at each meal.



Mothers receive careful instruction in the judicious expenditure of their income as well as in the preparation of wholesome and inexpensive meals.



Mothers receiving instruction in the preparation of the babies' food.



Group instruction by the Superintendent in the principles of prophylaxis and hygiene of the home. Informal lectures on prophylaxis and principles of the cure are also given by the Attending Physician at frequent intervals. After these talks the patients are encouraged to submit questions and all participate in the discussion which follows.



Adult patients, children and infants are weighed weekly; non-patients, monthly.



Baby receiving morning bath in home where the mother is too ill to perform this duty. After the bath baby goes to the open air nursery on the roof.



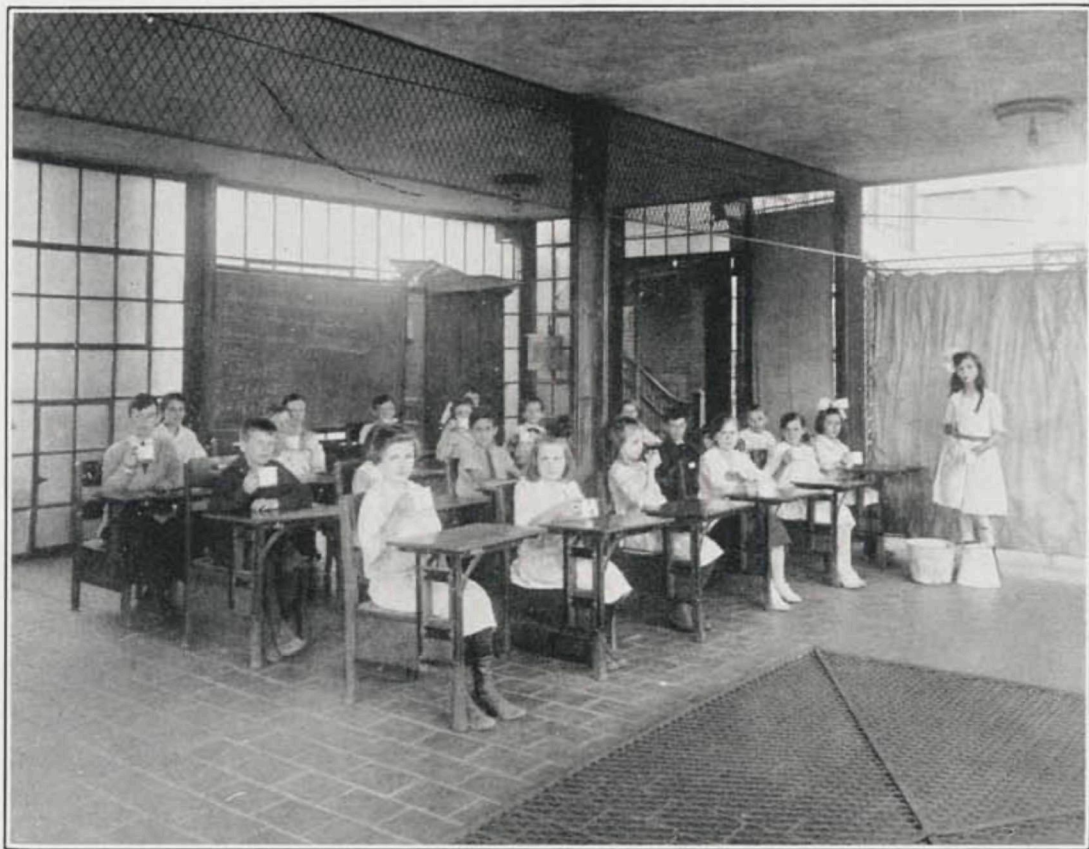
Playground on the roof where the children make merry, remote from the dangers of infection.



Open air nursery where, summer and winter, infants and small toddlers spend the entire day in the care of a competent nurse.



Delicate children from four to six years of age attend the open air kindergarten.



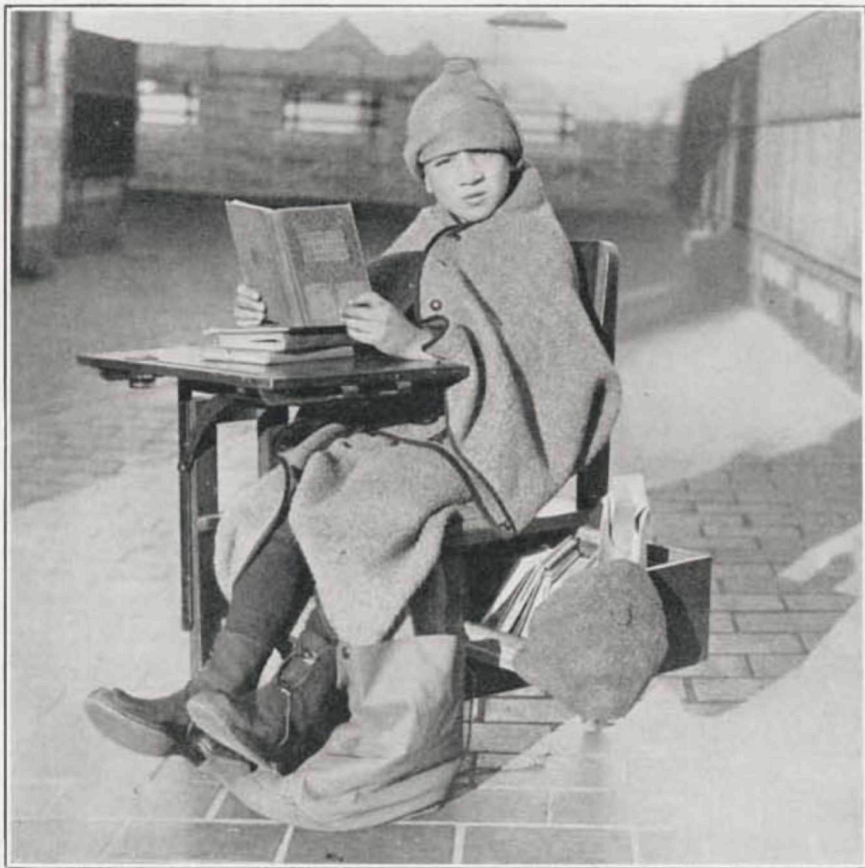
Open air school attended by the children predisposed to tuberculosis. Special nourishment is served at 10 A. M. and 3 P. M.



A winter scene in the open air school.



Rest periods are provided each day.



Equipment for child attending the open air school.



Temperature hour on the roof at the close of school.



Mrs. B. and children, all tuberculous, just admitted to the Home Hospital.

After five months in the Hospital, Mrs. B. has "apparently arrested" her tuberculosis and gained $23\frac{1}{2}$ pounds. The children have all had corrective work and are showing marked improvement.





At thirteen months little Howard weighed 14 pounds. A year in the Home Hospital has done much for him. He now weighs 36 pounds.



Kathleen on admission, age nine months, weight seven pounds (normal weight $16\frac{1}{2}$ pounds).



Kathleen thirteen months later, weight $23\frac{1}{2}$ pounds (normal weight 21 pounds).



The squalid home in which five members of the F. family were found infected with tuberculosis.

While at the Hospital, Mrs. F. gained $58\frac{1}{2}$ pounds, Mr. F. 10 pounds, and the three children 11 pounds, $10\frac{3}{4}$ pounds and 9 pounds respectively. Three years have passed since they left the Hospital with their disease arrested—they are self-supporting and every member of the family is in good physical condition.



FAMILIES ADMITTED TO HOME HOSPITAL

Families admitted to the Home Hospital are those in which one or both parents have tuberculosis and in which there are young children predisposed to or already infected with the disease. Preference is given

to families in which there is a reasonably good social record and in which the disease of the adult member offers a fair prospect of improvement.

HOSPITAL STAFF

The staff of the Home Hospital responsible for the care and education of these families consists of a resi-

dent superintendent and nurses, medical advisory board, attending physicians, dentist and visiting housewives.

MEDICAL TREATMENT AND SUPERVISION

While each family is allowed to live, so far as possible, a normal home life, everything that relates to the patient and the welfare of the families receives the most careful supervision. In addition to the medical and nursing care provided, each family receives instruction in the principles of prophylaxis and home hygiene. The patient in particular is taught so to live that he will not be a menace to his family while the mother is carefully instructed in the care of her home and children and in the principles of household economy.

Upon admission to the hospital all members are given a complete physical examination and the family assigned to an apartment suited to their needs and provided with necessary home furnishings, clothing and

toilet articles. When the wage-earner is the patient the entire expense of the family is provided by the hospital. When the mother is the afflicted one the wages of the father are supplemented by the institution so that in every case the family is well cared for and freedom from worry is thus secured. The adult patient is provided with a separate bedroom and, although the family unit is preserved, leads practically an isolated existence from the other members of his household. In clement weather, bed cases sleep out on the open air balconies. Later, when ambulatory, they spend their days in reclining chairs on a portion of the roof reserved for patients only. With a return to health graded work is provided; later an attempt is made to secure full time work in suitable occupations. In the case of a

MEDICAL TREATMENT AND SUPERVISION (Continued)

mother patient, visiting housewives and helpers relieve her of the care of the home and children. For such cases the hospital diet kitchen has solved the problem of cooking.

With restored health household duties are gradually resumed. Infants spend the day in the open air nursery on the roof; older children attend the open air kindergarten or open air school. Thus in the midst of their families are provided for these patients the essentials in the cure of tuberculosis: viz., rest, fresh air, good food, freedom from worry and careful medical instruction and supervision.

The standardized dietetic-hygienic treatment employed in other sanatoria has been followed at the Home Hospital. This has been supplemented in suitable cases by the administration of tuberculin and artificial pneumothorax. Much corrective work is done, especially dental and naso-pharyngeal.

From March 18, 1912, to October 1, 1916, the Home Hospital has cared for 153 families comprising 765 individuals, among whom there were 177 adult and 142 children patients and 253 children suspects. The average number in each family has been 3.3 units or 5.2 individuals, of whom 3.73 have been patients or suspects. The total days treatment to all the individuals cared for at the hospital has been 262,260; the total days treatment to patients 194,898. The average days

treatment of the families discharged has been 406 days. Ninety-two families have been discharged; 22 families have been dismissed; 39 families were under care October 1, 1916. The general policy of the hospital is to care for the families for a period of from 9 to 12 months, but in many instances the wretched condition of the children has rendered it advisable to retain the family a somewhat longer period. Moreover, unlike the practice in sanatorium treatment where the patient is discharged as soon as his condition warrants, at the Home Hospital families are retained for a period of observation after the patient wage-earner returns to work. Meanwhile the education of the family in prophylaxis and home hygiene has been attempted. After discharge the families are moved into decent tenements, kept under observation of a visiting nurse and report to the hospital at stated intervals for examination and advice.

An effort is made in all cases to secure suitable employment for the patient. If the wages are insufficient to maintain a proper standard of living, the Association for Improving the Condition of the Poor or other agencies give needed relief. It will thus be seen that not only is there careful supervision of the family while in the Home Hospital, but the necessity for a continued medical and general supervision of the family after discharge is recognized.

SUMMARY OF RESULTS OF TREATMENT OF ADULTS

The following table is a summary of all the adult patients who have been treated at the Hospital for over three months and who have followed advice (Nos. 1-177 in the appendix). Thirty are still under care. (The classifications based on the extent of the disease on admission and condition on discharge are those adopted by the National Association for the Study and Prevention of Tuberculosis in 1913).

Class	Extent of physical signs according to Turban	TB found at any time	Cases	Arrested	Apparently Arrested	Quiescent	Improved	Unimproved	Dead
Incipient	I	0	51	27	16	1	5	2	0
	I	+	9	2	1	2	0	3	1
Moderately Advanced	I	0	19	14	2	1	2	0	0
	I	+	8	3	1	1	1	2	0
	II	0	13	8	3	1	1	0	0
	II	+	28	6	2	5	3	6	6
	III	0	0	0	0	0	0	0	0
	III	+	0	0	0	0	0	0	0
Far Advanced	I	+	0	0	0	0	0	0	0
	II	0	0	0	0	0	0	0	0
	II	+	9	0	0	3	1	3	2
	III	0	0	0	0	0	0	0	0
	III	+	3	0	0	1	0	1	1
Totals			140	60	25	15	13	17	10

Of the 153 families cared for 18.9% of the consorts presented evidence of active or healed pulmonary tuberculosis. This is in striking contrast to certain statistics. Moreover, prior to admission 3.3% had lost consorts due to the disease. Only eleven pregnancies occurred at the hospital during the residence of these 153 families.

Thirteen cases relapsed after discharge, of whom

3 died, 3 are now quiescent, 1 arrested, 2 active and 4 unknown. One adult who gave a history of tuberculosis several years before, developed activity after discharge. A child who showed no evidence of tuberculosis when under care developed activity a year after the family left the hospital. She had been exposed to infection for a long period both before admission and after discharge.

PRESENT CONDITION OF ALL DISCHARGED PATIENTS.

Condition on Admission	Condition on Discharge	Condition on anniversary of discharge for year ending September 30, 1916.	Discharged during the year ending September 30.					
			1913	1914	1915	1916	No.	%
Incipient 55 (51.4%)	Arrested	Well	3	7	8	7	25	89.3
		Inactive	.....	.....	.....	.....	0	0
		Active	.....	.....	.....	.....	0	0
		Dead	.....	.....	.....	.....	0	0
		Unknown	.....	.....	3	.....	3	10.7
	Apparently Arrested	Well	1	.....	3	8	12	100.
		Inactive	.....	.....	.....	.....	0	0
		Active	.....	.....	.....	.....	0	0
		Dead	.....	.....	.....	.....	0	0
		Unknown	.....	.....	.....	.....	0	0
	Quiescent	Well	.....	1	.....	.....	1	50.
		Inactive	.....	.....	.....	1	1	50.
		Active	.....	.....	.....	.....	0	0
		Dead	.....	.....	.....	.....	0	0
		Unknown	.....	.....	.....	.....	0	0
	Disease Active	Well	.....	.....	.....	.....	0	0
		Inactive	.....	.....	.....	.....	0	0
		Active	.....	.....	.....	2	2	100.
		Dead	.....	.....	.....	.....	0	0
		Unknown	.....	.....	.....	.....	0	0
	Apparently healed lesions on admission.	Well	7	1	.....	1	9	81.8
		Inactive	.....	.....	.....	.....	0	0
		Active	.....	.....	.....	.....	0	0
		Dead	1*	.....	.....	.....	1	9.
		Unknown	1	.....	.....	.....	1	9.
Moderately Advanced 45 (42%)	Arrested	Well	1	4	11	8	24	85.7
		Inactive	.....	1	1	.....	2	7.1
		Active	1	.....	.....	.....	1	3.6
		Dead	1	.....	.....	.....	1	3.6
		Unknown	.....	.....	.....	.....	0	0
	Apparently Arrested	Well	.....	.....	.....	4	4	57.1
		Inactive	.....	.....	.....	.....	0	0
		Active	.....	.....	.....	1	1	14.3
		Dead	.....	.....	1	.....	1	14.3
		Unknown	.....	1	.....	.....	1	14.3
	Quiescent	Well	.....	.....	.....	.....	0	0
		Inactive	.....	.....	1	.....	2	33.3
		Active	.....	.....	.....	1	1	16.6
		Dead	2	.....	.....	.....	2	33.3
		Unknown	.....	.....	.....	1	1	16.6
	Disease Active	Well	.....	.....	.....	.....	0	0
		Inactive	.....	.....	.....	2	2	50.
		Active	.....	.....	.....	1	1	25.
		Dead	.....	.....	1	.....	1	25.
		Unknown	.....	.....	.....	.....	0	0
Far Advanced 7 (6.5%)	Quiescent	Well	.....	.....	.....	1	1	25.
		Inactive	.....	.....	2	1	3	75.
		Active	.....	.....	.....	.....	0	0
		Dead	.....	.....	.....	.....	0	0
		Unknown	.....	.....	.....	.....	0	0
	Disease Active	Well	.....	.....	.....	.....	0	0
		Inactive	.....	.....	.....	.....	0	0
		Active	.....	.....	1	2	3	100.
		Dead	.....	.....	.....	.....	0	0
		Unknown	.....	.....	.....	.....	0	0
Summary	Arrested 56 (52.3%)	Well	.....	.....	.....	.....	76	71.
		Inactive	.....	.....	.....	.....	10	9.4
	Apparently Arrested 19 (17.7%)	Active	.....	.....	.....	.....	9	8.4
		Dead	.....	.....	.....	.....	6	5.6
		Unknown	.....	.....	.....	.....	6	5.6
	Quiescent 12 (11.2%)	Well	.....	.....	.....	.....	.....	.....
	Active 9 (8.4%)	Well	.....	.....	.....	.....	.....	.....
	Healed on Admission 11 (10.3%)	Well	.....	.....	.....	.....	.....	.....
Total	107†						107	100.

* Died of Lobar Pneumonia.

†4 cases were readmitted making a total of 111 discharged cases.

Above table does not include 9 patients who died in the institution.

The term "well" includes cases whose disease is apparently arrested, arrested or apparently cured.

CLASSIFICATION OF CHILDREN

Realizing the difficulty in diagnosing thoracic tuberculosis in children and also the difference of opinions as to what syndrome constitutes active thoracic tuberculosis, the expedient has been adopted of classify-

ing the suspected children under the following two groups:

Group A. Those children under 14 years of age who present the following:

1. Under weight or development for age.
2. Constant or frequent cough.
3. Recurring or constant fever of undiscoverable origin.
4. Rales (constant or recurring) near one or both nipples or interscapular dulness.
5. Positive Von Pirquet reaction (100% O. T.)
6. Positive Von Pirquet reaction alone in children under four years.
7. Definite pulmonary signs (as in adults) with a positive tuberculin reaction.

Group B. Those children who are delicate and present some of the above. (Positive Von Pirquet reaction necessary).

Those in Group A cases of probable active thoracic tuberculosis (pulmonary or mediastinal) are termed **patients**; those in Group B, **suspects**.

According to the above classification, out of a total

of 477 children cared for, 142, or 29.7%, are patients and 253, or 53%, are suspects. Of the 142 patients in Group A (thoracic tuberculosis), 13 presented definite clinical signs of pulmonary involvement, while ten more had questionable signs. Of 77 children who were radiographed, all but 7.8% showed evidence of pulmonary or bronchio-glandular involvement by X-ray.

RESULTS OF TREATMENT OF CHILDREN

Most of the children upon admission have pathological conditions such as large tonsils, adenoids, enlarged glands (particularly submaxillary and cervical), dental caries, chronic otitis media et cetera. Many

are mouth breathers with poorly developed chests. Believing that obstruction to the upper air passages is a vital predisposing cause of tuberculous infection, an attempt is made to correct any pathological naso-oral-

pharyngeal condition soon after admission. Two hundred and fifty-five tonsillectomies and 230 adenoidectomies have been performed at the hospital with most gratifying results. Subsequent to the removal of the adenoids and tonsils most of the children breathe naturally and cease having colds and ear troubles. In most instances the enlarged submaxillary and cervical glands rapidly subside and usually there follows a rapid gain in weight.

The children lead practically an open air existence; infants spend the day in the open air nursery on the roof, older children attend the open air kindergarten and open air school. Playtime is passed on a portion of the roof reserved for them or in the John Jay Park

adjoining the hospital. They sleep in bedrooms with windows wide open.

This open air treatment of the children supplemented by good nutritious food, proper rest and corrective work has so improved their condition that in the case of the children patients their average gain in weight for a given period of time has not only equaled that of healthy normal children but has shown an average increase of 36 per cent. above normal. In the group of children suspects the average gains in weight have been 48 per cent. above that of healthy normal children of corresponding ages. These gratifying increases are a fair index of the children's general improvement and development.

ABILITY OF PATIENTS TO WORK

In many instances the patients were working prior to admission although their disease was active. Of 62 women patients five only were receiving any assistance with their household duties, although on admission it was found necessary to put at complete rest 12 of these patients and to assist 34 others with all the more arduous household duties. Only 16, or 25.6%, were therefore in such condition that they were really able to care for their homes. On discharge, however, only two still continued unable to resume any portion of their duties, four were able to undertake the lighter tasks, while 56, or 90%, were so restored to health and strength

that they were able properly to care for their homes without any assistance. Of the 45 men patients 21 were doing full time work and four partial work prior to admission, although only eight were physically fit for unlimited and three for limited occupation while the remaining 34 required a period of rest cure. Upon discharge six were still unable to do any work whatever, one had resumed part time work while 38, or 84.4%, were in such physical condition as would enable them to return to full time work. Suitable employment was found for many, and others were able to return to their former occupations.

RECOGNITION OF HOME HOSPITAL BY MUNICIPAL AUTHORITIES

After three years of experimental work the medical and economic practicability of this form of treatment had been so successfully demonstrated that on January 1, 1916, the municipal authorities of the City of New York officially recognized the Home Hospital as an institution affording facilities which made it a suitable

substitute for three types of treatment: viz., the tuberculosis hospital, the sanatorium and the preventorium. Suitable patients of these types have been sent to the Home Hospital by the City since that date, the accommodations of the Hospital having been enlarged to make this possible.

COST OF HOME HOSPITAL TREATMENT

The data of cost of treatment in the Home Hospital is given in full in the following pages. During the period 1915-1916 the living expenses alone were fifty-nine and one-half cents (\$.595) per day per person. The net cost to the Home Hospital per day per person including living expenses, supervision and administration and all other expenses was sixty-seven cents (\$.67). The gross cost per day, per person, including expenditures made by families from their own earnings, was nearly eighty-five cents (\$.847). In spite of this low per capita cost as compared with other institutional work it should be borne in mind in any comparisons

which are made that this statement includes the rent of the Home Hospital, an item not usually found in per capita statements of operation. It is impossible, because of the normal family life of patients and non-patients, to separate accurately the cost of treating patients and non-patients. Careful estimates have been made, however, using the Atwater standard as a unit, which indicate that the per capita in 1915-1916 of treating an adult male patient was approximately \$1.20; an adult female patient, \$1.08; a child patient, average age six years, \$.75.

SUMMARY

It would seem that the Home Hospital method of treatment is a valuable supplement to the already existing agencies since in suitable families it offers an excellent substitute for hospital, sanatorium and preventorium treatment. From the results obtained during the past four and one-half years the following conclusions would seem justifiable:

1. Since so far as is known no individual not previously infected with tuberculosis has developed symptoms of the disease while a resident at the Home Hospital, it would seem that under proper medical and nursing supervision tuberculosis may be treated in homes without serious danger of infecting well members of the family.

2. Since the condition of the children has been so greatly enhanced the Home Hospital affords treatment at least the equal of preventorium care. Moreover, adequate corrective work is accomplished.

3. Since most of the incipient and many of the moderately advanced cases have been restored to health the medical results compare most favorably with those of the best sanatoria, and finally

4. Since so much has been accomplished in the social and economic rehabilitation of the families, the medical and economical practicability of the Home Hospital method of treatment seems to have conclusively demonstrated its real practical value in the treatment and control of tuberculosis in urban communities.

COST OF HOME HOSPITAL TREATMENT

	1912-13	1913-14	1914-15	1915-16 (Mar. 18, 1915—Sept. 30, 1916)	1912-16 (Mar. 18, 1912—Sept. 30, 1916)
DAYS' CARE:					
Adults—patient days.....	8,869	11,204	18,221	24,779	63,073
Children—patient days.....	9,568	22,047	39,552	60,658	131,825
Total patient days.....	18,437	33,251	57,773	85,437	194,898
Adults—non-patient days	3,734	6,679	10,638	14,273	35,324
Children—non-patient days.	9,334	8,845	6,525	7,334	32,038
Total non-patient days.....	13,068	15,524	17,163	21,607	67,362
Total days' care.....	31,503	48,775	74,936	107,044	262,260
COST:					
CHARGEABLE DIRECTLY TO FAMILIES:					
Living expenses.....	\$15,776.99	\$22,932.64	\$40,102.35	\$63,746.72	\$142,558.70
Administration and supervision..	6,553.40	8,960.29	14,067.14	25,081.02	54,661.85
Total	22,330.39	31,892.93	54,169.49	88,827.74	197,220.55
GENERAL:					
Rent (A).....	2,539.27	673.38	380.00	.....	3,592.65
Miscellaneous	261.96	867.88	1,686.95	689.00	3,505.79
Capital expenditure.....	1,577.08	1,790.07	1,025.28	1,101.16	5,493.59
Total	4,378.31	3,331.33	3,092.23	1,790.16	12,592.03
Grand Total.....	26,708.70	35,224.26	57,261.72	90,617.90	209,812.58
Expended by Home Hospital.....	21,359.74	28,260.16	45,102.78	71,800.51	166,523.19
Earned by Families.....	5,348.96	6,964.10	12,158.94	18,817.39	43,289.39
Total	26,708.70	35,224.26	57,261.72	90,617.90	209,812.58
Family earnings (average).....	198.11	131.39	170.96	169.30	164.72

(A) Rent not charged to families as it was incurred before opening or for vacancies during the year.

LIVING EXPENSES OF AVERAGE FAMILY PER DAY

INCLUDING EXPENDITURES OF FAMILY AND OF HOME HOSPITAL

	1912-13	1913-14	1914-15	(Mar. 18, 1915—Sept. 30, 1916)
Rent (including light and heat).....	\$0.846	\$0.792	\$0.852	\$0.911
Food (including all special nourishment).....	.927	.929	1.220	1.326
Clothing.	.201	.233	.246	.259
Fuel	.045	.050	.048	.055
Lunch	.089	.051	.072	.068
Dues	.068	.055	.058	.066
Medical and surgical.....	.079	.071	.106	.113
Ice	.017	.012	.007	.009
Carfare	.065	.045	.050	.050
House supplies (including sheets, pillow cases, towels, dishes, etc.).....	.065	.056	.104	.115
Miscellaneous	.097	.094	.068	.145
Total average daily living expense.....	\$2.499	\$2.388	\$2.831	\$3.117

HOME HOSPITAL

INCOME AND EXPENSES—FISCAL YEAR ENDED SEPTEMBER 30, 1916

INCOME:

Contributions	\$39,915.00	
Earnings:		
Board for Patients paid by New York City.....	16,105.86	
		<u>\$56,020.86</u>

EXPENSES:

Salaries:

Administration	\$2,500.00
Clerical	1,106.77
Professional	1,871.67
Nurses	4,816.14
Domestic Service.....	4,493.37

Total Salaries..... \$14,787.95

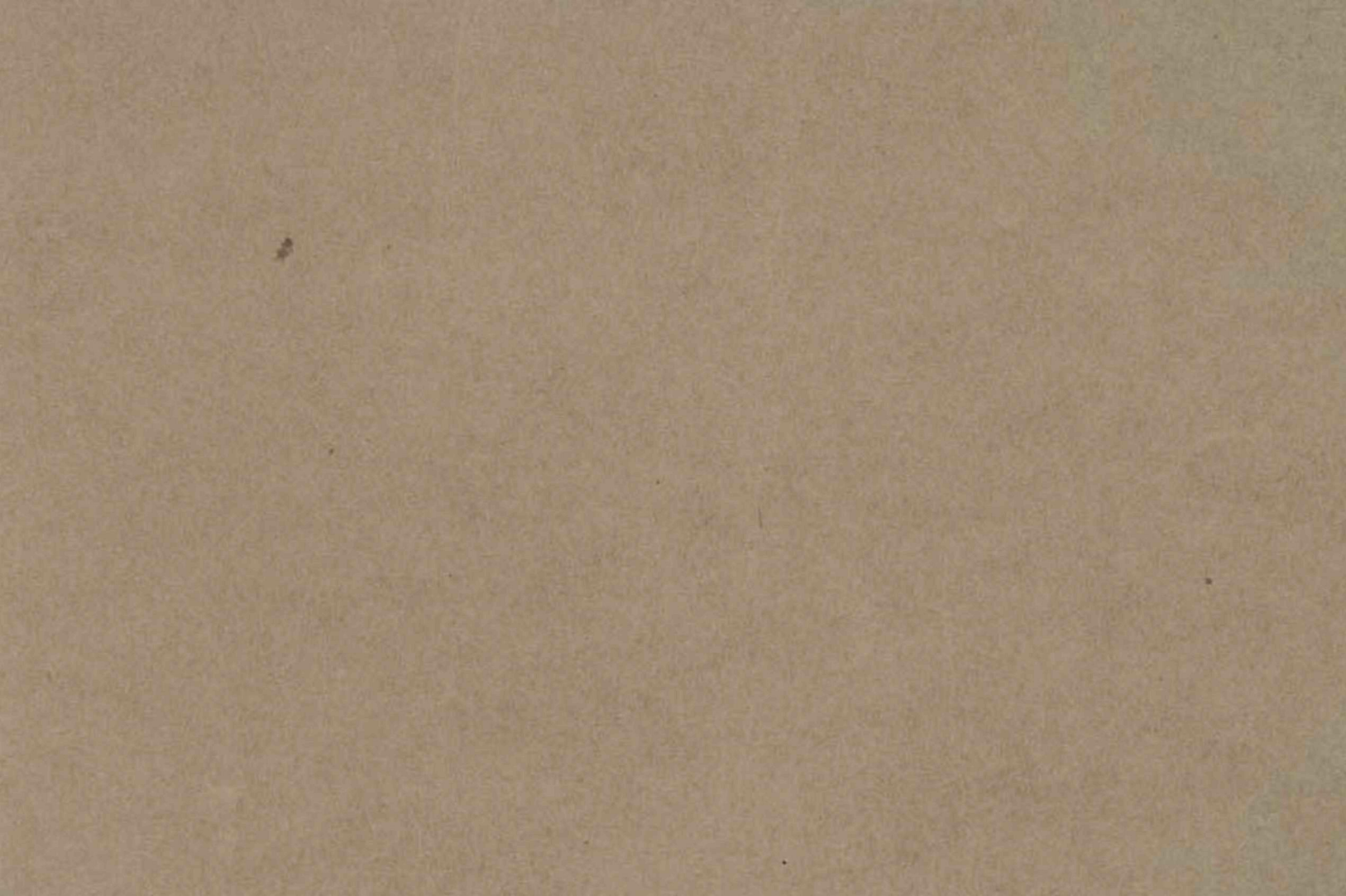
Maintenance and Operation:

Rent	\$11,365.95
Food	15,204.15
Clothing	1,764.71
Medical Supplies.....	1,518.95
Fuel	365.50
House Supplies.....	2,110.97
Hospital Furniture and Fixtures and Equipment.....	540.27
Miscellaneous	1,476.61

Total Maintenance and Operation..... \$34,347.11

Total Expense (Excluding General Administration).....	\$49,135.06
General Administration.....	5,763.94

Grand Total Expense..... \$54,899.00





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